Effective child well-being practices, barriers and priority actions: survey findings from service providers and policymakers in 22 countries during COVID-19

Dimitar Karadzhov, Graham Wilson, Sophie Shields, Erin Lux and Jennifer C. Davidson

Abstract

Purpose – *The purpose of this study was to explore 232 service providers' and policymakers' experiences of supporting children's well-being during the pandemic, across sectors, in 22 countries – including Kenya, the Philippines, South Africa, India, Scotland, Sweden, Canada and the USA, in the last quarter of 2020.*

Design/methodology/approach – *A smartphone survey delivered via a custom-built app containing mostly open-ended questions was used. Respondents were recruited via professional networks, newsletters and social media. Qualitative content analysis was used.*

Findings – *The findings reveal numerous system-level challenges to supporting children's well-being, particularly virus containment measures, resource deficiencies and inadequate governance and stakeholder coordination. Those challenges compounded preexisting inequalities and poorly affected the quality, effectiveness and reach of services. As a result, children's rights to an adequate standard of living; protection from violence; education; play; and right to be heard were impinged upon. Concurrently, the findings illustrate a range of adaptive and innovative practices in humanitarian and subsistence support; child protection; capacity-building; advocacy; digitalisation; and psychosocial and educational support. Respondents identified several priority areas – increasing service capacity and equity; expanding technology use; mobilising cross-sectoral partnerships; involving children in decision-making; and ensuring more effective child protection mechanisms.*

Practical implications – *This study seeks to inform resilience-enabling policies and practices that foster equity, child and community empowerment and organisational resilience and innovation, particularly in anticipation of future crises.*

Originality/value – *Using a novel approach to gather in-the-moment insights remotely, this study offers a unique international and multi-sectoral perspective, particularly from low- and middle-income countries.*

Keywords *Children, COVID-19, Practitioners, Policy, LMIC, Qualitative*

Paper type *Research paper*

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Introduction

In many countries worldwide, the COVID-19 pandemic has deepened social inequalities, overwhelmed health and social services and created complex barriers to the realisation of human rights (Katz *et al.*, 2021; Teo and Griffiths, 2020). An intricate web of factors, including virus protection measures such as lockdowns and school closures, humanitarian crises and inadequate social protections, has exacerbated risks for children (Katz *et al.*, 2021). For children at an already heightened risk of abuse and neglect, uninterrupted access to responsive and holistic services has been critical (Baginsky and Manthorpe, 2021). The restricted access to essential services and the transition to virtual service

delivery have likely increased the number of unreported cases of abuse and neglect (Ramaswamy and Seshadri, 2020; Baginsky and Manthorpe, 2021). As Baginsky and Manthorpe (2021) argue, there has been "little room for system failure" (p. 2) in authorities' efforts to fulfil their core responsibilities for children at times of extraordinary strain on service capacity, social cohesion and the rule of law (Caldwell *et al.*, 2020).

Children's sectors capacity and COVID-19: from turbulence to transformation

Reports from a range of countries and regions have demonstrated how the quality of children's health and social care had decreased during COVID-19 as a direct result of weakened organisational responses to the pandemic challenges, as well as curtailed coordination among child protection institutions (UNICEF, 2020; Haffejee and Levine, 2020; Katz *et al.*, 2021). A 2020 UNICEF report documents the extent and distribution of disruptions to services related to preventing violence against children (VAC). From the 157 countries that had received the survey, 66% (104) reported a disruption in any VAC-related services compared to 12% (19) reporting no such disruptions. Services most commonly affected were household visits to children and women at risk of abuse; case management, including referrals; violence prevention; and children's and families' access to child welfare authorities. The stratified analysis by region shows that South Asian countries were most likely to report such issues (88%). In total, 1.8bn children were living in the 104 countries where VAC service disruptions were indicated.

Governments worldwide grappled with enforcing COVID-19 containment measures while balancing acute risks and long-term needs, adapting existing protocols and adopting and testing out innovative practices while maintaining equity (Save the Children International, 2021). Regional differences in the severity and patterning of the COVID-19 impacts on children's sectors and children's well-being have been observed – owing to variations in funding allocation, donor support, organisational capacity, reactive (emergency) policies, as well as the pre-existing socio-economic inequalities and emergency preparedness (Nachega *et al.*, 2021). The rapidly growing evidence documenting the gravity and implications of sectoral challenges to supporting children's well-being has highlighted the criticality of rapid situation assessment and response; cross-national learning; and applying this information to devise sustainable native (country-, region- or community-specific) solutions (Boum *et al.*, 2021; GRID COVID-19 Study Group, 2020).

The exclusive focus on policy and organisational setbacks and deficiencies, however, risks neglecting the resilient and agile provider responses to children's needs amidst extraordinary hardship and uncertainty (Baginsky and Manthorpe, 2021; Masten and Motti-Stefanidi, 2020; Save the Children International, 2021). International evidence has shown a vast range of interventions implemented to promote children's well-being at the levels of individual services, schools, communities, health systems and legislation (UNICEF, 2020, 2021; Kola *et al.*, 2021). For instance, according to UNICEF's 2020 global survey, 70% of countries, including Brazil, Georgia, Kenya and Pakistan, reported that measures had been put in place to mend service disruptions. Importantly, however, far from being a panacea for children's comprehensive needs and rights, certain innovations such as the increased use of digital technologies have heightened safety risks and widened socio-economic inequities (Budd *et al.*, 2020). This warrants an analysis of the short-, medium- and longer-term impact of service responses on children.

More fundamentally, it has been asserted that COVID-19 has provided an impetus for innovation and transformation towards sustainable development, which underscores the importance of appraising the creative adaptations deployed during the pandemic, together with the lessons learned from both successful and unsuccessful initiatives (Pradhan *et al.*, 2021; World Health Organization, 2020; Baginsky and Manthorpe, 2021).

A multi-systemic resilience approach to children's well-being during and beyond COVID-19

Rather than simply delaying children's access to health care, education, recreation and justice, the COVID-19 pandemic has eroded the fundamental conditions for children's development and resilience. Rebuilding those arguably requires challenging the legacies of short-termism, individualism and siloed working, and enacting innovative governance to propel and sustain synergistic ways of intersectoral working (Hodgins *et al.*, 2022; Cordis Bright, 2021).

Derived from resilience science and systems theories of human development, including socio-ecological models (Bronfenbrenner, 1979), a *multi-system resilience framework* captures the synergistic role of various actors, processes and contexts – within and across systems – in modulating children's capacity to bounce back from and thrive following, calamities such as COVID-19 (Masten and Motti-Stefanidi, 2020). Applied to the COVID-19 pandemic – often described as a "multisystem disaster" due to its multi-pronged effects on numerous domains of well-being (Masten and Motti-Stefanidi, 2020, p. 96) – it can help appraise policy and organisational responses across sectors and levels of governance, while considering the confluence of pre-existing inequalities, among other proximal and distal factors. This approach, therefore, warrants an increased focus on multisystem efforts, including intersectoral collaboration and a whole-society approach to child well-being, including the role of governance and communities (Masten and Motti-Stefanidi, 2020; Theron and van Breda, 2021). The framework conceptualises resilience as a functional characteristic of systems and networks, as well as individuals (Masten and Motti-Stefanidi, 2020). Therefore, understanding what contributes to resilient organisations, leadership and communities will aid efforts to promote children's own resilience.

Study aims and objectives

Underpinned by a multi-system resilience perspective, the present study endeavoured to understand sectoral and organisational responses, successes and challenges *from the perspective of the key statutory and non-statutory agents* – the implementers and drivers of those responses – including practitioners and policymakers in key children's sectors such as education, social care, health care and the judicial system (Wilke *et al.*, 2020; Herrenkohl *et al.*, 2021). This study aimed to address the scarcity of evidence from low- and middle-income countries (Katz *et al.*, 2021; Simba *et al.*, 2020) and ultimately facilitate organisational resilience, cross-national learning and cooperation (Save the Children International, 2021; Shadmi *et al.*, 2020). This paper reports the findings from the first week (domain) of the eight-week, multi-domain survey. Grey literature reports are available at (Grey literature reports are available at https://inspiringchildrensfutures.org/covid-learning-reports).

The overarching research questions of the present study are:

- *RQ1.* What has gone well in supporting children's well-being during COVID-19, and what contributed to those successes and effective practices?
- *RQ2.* What challenges did practitioners and policymakers face in supporting children during this period, and how did those challenges impact children?
- *RQ3.* What actions within respondents' organisations and sectors would have ensured better outcomes for children?

Methods

Design

A multinational exploratory survey study containing both open- and close-ended questions was designed and delivered via a custom-built smartphone application. Exploratory studies, which often involve purposive, non-representative samples, have a high utility for

generating insights to inform larger, more representative surveys (Jann and Hinz, 2016). Exploratory research is well-suited for informing practice and policymaking during a rapidly developing global emergency (Luciani *et al.*, 2021).

App and survey development and validation

Mobile devices offer efficiency, accessibility, anonymity and immediacy in remote data collection and are widely available in most low-resource settings (Hensen *et al.*, 2021). Anonymity was crucial as it facilitated the disclosure of a range of perspectives, including critical perspectives on government actions. To ensure feasibility and respondent buy-in, 17 international partner organisations with mandates ranging from service delivery and workforce development to child rights advocacy and intergovernmental policy were consulted about app development and testing and the recruitment strategy. A detailed account of the app's functionality is offered in the study's protocol paper (Davidson *et al.*, 2021).

The survey questions were informed by influential international documents on children's rights and well-being such as OHCHR (2020), as well as by input from the partner organisations, who also reviewed the survey items to ensure their relevance and accessibility (Pennell and Cibelli Hibben, 2016).

Data collection

In the last quarter of 2020, service providers and policymakers from 29 countries across five continents who worked in a capacity supporting children's well-being (for example, in the education, health, welfare or justice sectors) and who understood English were able to download the custom-built app and complete eight weeks of daily open- and close-ended questions. Purposive (maximum variation) sampling ensured a wide range of countries, regions, sectors and child well-being professionals were represented, while snowballing enabled efficient recruitment via partner organisations and other professional networks (Hensen *et al.*, 2021). The reliance on existing partnerships to accelerate the identification of target participants has been recommended in other rapid qualitative studies (Luciani *et al.*, 2021).

Volunteer respondents were recruited via professional networks, newsletters and social media advertising. The app was available for download for three months between 7 October 2020 and 5 January 2021, to capture respondents' real-time experiences and reflections of the second wave of the pandemic. The app was compatible with Google's Android (version 8 [Oreo] and above) and Apple's iOS (version 12.5) and was free to download. Each app user was presented with information about the study, a consent screen and a series of demographic and work-related questions, after which the daily log of questions began. Eligibility was self-assessed by the respondents upon logging onto the app. Respondents could skip questions. Study participation was anonymous.

This study reports on the findings from nine open-ended and one close-ended questions or prompts available in the first week of the eight-week survey (See "Table 2").

Respondent and country information

The findings reported in this paper are based on 923 responses from 232 respondents – including 131 direct service providers, 62 service managers and 39 policymakers (161 – women; 66 – men; four – prefer not to say; one – other). One hundred and sixty (69%) respondents represented non-governmental organisations (NGOs); 30 (13%) – governments; 20 (9%) – civil society organisations (CSOs); ten (4%) – the private sector; nine (4%) – other; and three (1%) – no response. Sixty-seven (29%) respondents answered five or more main survey questions. The respondents worked in a wide range of areas supporting children – including advocacy, child rights, education, health, community-based services, social services, child and youth care, children with disabilities, violence prevention and others. Specifically,

they described their roles as social workers, advocacy officers, coordinators, managers, family support workers, pediatricians, child and youth care workers, medical doctors, community organisers, teachers, volunteers, art therapists, political officers and others. Sixty percent stated they supervised staff.

The respondents represented 22 countries:

1. Australia;
2. Bangladesh;
3. Belgium;
4. Canada;
5. Ethiopia;
6. Greece;
7. India;
8. Israel;
9. Italy;
10. Kenya;
11. Lebanon;
12. Malawi;
13. Mexico;
14. the Netherlands;
15. Palestine;
16. the Philippines;
17. the Republic of Montenegro;
18. South Africa;
19. Sweden;
20. the UK (England);
21. the UK (Scotland); and
22. the USA.

The top eight countries represented in this survey, with the numbers of respondents and responses, respectively, were Kenya (60 and 309); South Africa (37 and 145); the Philippines (44 and 140); Scotland (29 and 97); India (14 and 65); Sweden (7 and 37); Canada (11 and 35); and the USA (10 and 29; See "Table 1"). Their collective contribution amounted to 857 (93%) of all responses in the first week of the survey.

"Table 1" provides essential information on COVID-19 policy responses across the top eight countries at the start of data collection, 7 October 2020. Data were obtained from the UNESCO COVID-19 education response database (UNESCO Institute for Statistics, 2022), which used data from national surveys conducted in collaboration with ministries of education; and the Oxford COVID-19 Government Response Tracker (Hale *et al.*, 2021; Mathieu *et al.*, 2020), which integrates various sources of publicly available data such as "government press releases and briefings, international organization reports and trusted news articles" (Hale *et al.*, 2021, p. 535).

While useful for providing accessible and comparable snapshots of public policy stringency across countries, the data in Table 1 should be interpreted with caution. In particular, the

Table 1 Regions and sectors represented by the top eight countries in this study

		Sectors[a]					*COVID-19 policy responses (7 October 2020)*		
Country	*Regions*	*NGO*	*CSO*	*Private sector*	*Government*	*Other*	*School status*[b]	*Stay at home restrictions*[c]	*Income support*[c]
Kenya	Nyanza Province (mostly Kisumu)	58 (97%)	1 (2%)	0 (0%)	0 (0%)	1 (2%)	Closed due to COVID-19 (distance learning modalities: TV, radio, online)	Required (except essentials)	Covers <50% of lost salary
South Africa	Western Cape; KwaZulu-Natal; Gauteng; Eastern Cape; Free State; Northern Cape	36 (97%)	0 (0%)	0 (0%)	0 (0%)	1 (3%)	Fully open (distance learning modalities: TV, radio, online)	Required (except essentials)[d]	Covers <50% of lost salary
The Philippines	Manila; Quezon City; Antipolo; Davao City; Zamboanga; Rizal; Visayas; Pasay; Batangas; Valenzuela	23 (52%)	11 (25%)	1 (2%)	8 (18%)	1 (2%)	Closed due to COVID-19 (distance learning modalities: TV, radio, online)	Recommended	Covers <50% of lost salary
Scotland (United Kingdom)	Glasgow City; City of Edinburgh; Renfrewshire; Fife; West Lothian; Aberdeen; Stirling; Inverclyde; East Ayrshire; South Lanarkshire; North Lanarkshire; Argyll and Bute	11 (38%)	3 (10%)	4 (14%)	9 (31%)	2 (7%)	Fully open (distance learning modalities: TV, online)	Recommended	Covers >50% of lost salary
India	Odisha; West Bengal; Goa; Tamil Nadu; Uttarakhand	11 (79%)	2 (14%)	0 (0%)	1 (7%)	0 (0%)	Closed due to COVID-19 (distance learning modalities: TV, online)	Required (except essentials)	No income support
Sweden	Västra Götaland County; Östergötland County; Stockholm; Skåne County; Jönköping	0 (0%)	1 (14%)	0 (0%)	4 (57%)	2 (29%)	Fully open (distance learning modalities: online)	Recommended	Covers >50% of lost salary

(*continued*)

Table 1

Country	Regions	Sectors[a]					COVID-19 policy responses (7 October 2020)		
Country	*Regions*	*NGO*	*CSO*	*Private sector*	*Government*	*Other*	*School status*[b]	*Stay at home restrictions*[c]	*Income support*[c]
Canada	Ontario; Newfoundland and Labrador; Manitoba	5 (45%)	0 (0%)	1 (9%)	3 (27%)	2 (18%)	Partially open (distance learning modalities: TV, online)	Required (except essentials)	Covers >50% of lost salary
The USA	New York; West Virginia; Maryland; California; Florida; Georgia; Tennessee	2 (20%)	1 (10%)	2 (20%)	5 (50%)	0 (0%)	Partially open (distance learning modalities: TV, online)	Required (except essentials)	Covers >50% of lost salary

Notes: [a]Values have been rounded up; [b]Data were obtained from the UNESCO COVID-19 Education Response database (UNESCO Institute for Statistics, 2022). **Closed due to COVID-19** – "government-mandated closures of educational institutions affecting most or all of the student population"; **partially open** – "open in certain regions and closed in others; and/or open for some grades, levels or age groups and closed for others; and/or open with reduced in-person class time, combined with distance learning (hybrid approach)"; **fully open** – "schools are open and deliver classes exclusively face-to-face for most or all of the student population". The information in brackets denotes the availability of distance learning modalities in the country. [c]Data were obtained from the Oxford COVID-19 Government Response Tracker (Hale *et al.*, 2021; Mathieu *et al.*, 2020). Where both country-wide and regional (e.g. state-specific) policies existed, the strictest policy was recorded. **Recommended** – recommended not to leave the house; **required** – required not to leave the house except for activities deemed "essential" such as grocery shopping and daily exercise. **Income support** is recorded when it is provided at the country or state level. [d]The South African Government issued an ordinance that moved the country to an Alert Level 1 from 20 September 2020

Source: By authors

indicators represent composite country-level indices, which may not reflect regional or subregional variations. This limits the utility of those indices for understanding policies in multi-jurisdictional countries such as the USA, Canada and India (Hale *et al.*, 2021). Also, the reported point-in-time data do not indicate policy duration or implementation fidelity. Primary data sources and subnational policy information should, therefore, be consulted for a more granular perspective (Haider *et al.*, 2020; Government of South Africa, 2023; Saunes *et al.*, 2022; World Health Organization, 2023).

Data analysis

The free-text response data were analysed using inductive qualitative content analysis (QCA). QCA was chosen for its efficiency in generating systematic and transparent descriptive accounts of large volumes of data (Elo and Kyngäs, 2008; Vaismoradi *et al.*, 2013). The inductive (data-driven) analytic approach was selected due to the exploratory remit and broad scope of the study, as well as the desire to minimise researcher bias, including professional and cultural biases, and maximise authenticity (Vaismoradi *et al.*, 2013). *Authenticity* was hereby defined as the degree to which the analysis reflects respondents' multiple perspectives, values and circumstances (Elo *et al.*, 2014). This was especially crucial given the anonymous, context-stripped, multi-country and remote data collection. The analysis began with open, line-by-line coding in NVivo 12 (www.qsrinternational.com). During the initial coding stages, a working definition was assigned to the codes to ensure transparency (Elo and Kyngäs, 2008). For each survey item, conceptually similar codes were grouped into sub-categories reflecting the most frequent and/or significant themes. The categories were determined by the corresponding survey item (For instance, the corresponding category to the question, "What contributed to this?" was "facilitative factors"; See "Table 2" and the Appendix). After sub-categories were developed for each category (or survey item), NVivo's Matrix Coding query was used to help identify country-specific thematic patterns.

The bulk of the coding was carried out by the first author. The second author checked 10% of the coding – noting any disagreements, before reaching a consensus. The first author met frequently with the the last author, an international subject expert, to discuss the coding and clarify ambiguous terms such as abbreviations and regional vernacular.

Ethical considerations

Ethics approval was obtained on 19 July 2020 from the University Ethics Committee (University of Strathclyde University Ethics Committee). Study participation was voluntary, anonymous and contingent upon the provision of written informed consent via the app. Respondents could terminate their participation at any time by ceasing to complete questions and/or emailing the project team requesting that their prior data be deleted. No monetary incentives were offered. The voice-to-text response option, together with the optional nature of the survey questions, offered additional flexibility.

Results

The findings are organised into three main parts:

1. successes and effective practices in supporting children's well-being during the COVID-19 pandemic (*RQ1*);
2. challenges to service provision and their impact on children and families (*RQ2*); and
3. lessons learned and recommended actions for improving outcomes for children (*RQ3*).

The number of responses corresponding to each sub-category is provided in brackets. See "Table 2" and the Appendix, for the full list.

Table 2 List of survey items and corresponding analytic categories and sub-categories

Survey item	*Category*	*Qualitative content analysis* *Sub-categories**
What has gone well in your sector's support of children's well-being during COVID-19?	Effective sectoral responses	COVID-19 protection and awareness-raising Virtual service delivery Wellness and health-care support Relief support Engaging with children Adapting services to meet children's diverse needs
What contributed to this?	Facilitative factors in sectoral responses	Collaboration, coordination and teamwork Strategic and adaptive behaviours and practices Adequate resources A needs-based approach Staff commitment and dedication
What have you, your team or your organisation done well, in your support of children's well-being during COVID-19?	Effective organisational and own practice responses	Relief distribution Awareness-raising about COVID-19, access to services and children's rights Remote service delivery Creation of online safety and support resources and remote or distanced engagement of children Advocacy
What contributed to this?	Facilitative factors in own practice and organisational responses	Funding Staff responsiveness and dedication Collaboration within and across sectors Organisational support and leadership Staff coordination and teamwork
What has been the biggest challenge to supporting children's well-being during COVID-19 so far?	Challenges to service provision	Limited face-to-face contact with children and movement restrictions Insufficient resources to meet demand COVID-19 risks School disruptions Children's lack of connectivity
What was the outcome?	Outcomes for children and service provision	Negative outcomes (e.g. reaching fewer children; restricted access to basic necessities; gender-based violence; worsened health) Positive outcomes (e.g. service innovations, creativity and agile responses)
Were any of the challenges a breach of children's human rights? Please tell us more about this	Breaches of children's human rights	Right to basic necessities Right to be heard Gender-based violence Right to play and recreation Emotional and physical abuse
What would you, your team or your organisation have done differently, if anything?	Lessons learned	Greater reach and comprehensiveness of services More effective emergency response work COVID-19 awareness and protection Using technology sooner
What actions across your sector would have resulted in better outcome(s) for children?	Recommended actions	Improved collaboration and coordination among different partners and stakeholders More funding and emergency support Better mechanisms for child protection assessment and response COVID-19 protection and awareness Consulting children and involving them in decision-making

Note: *This list is non-exhaustive
Source: By authors

Effective practices in supporting children's well-being during the COVID-19 pandemic (RQ1)

Effective sectoral responses. The respondents highlighted a wide range of beneficial and effective practices as part of their sectors' responses to the COVID-19 pandemic. The most commonly cited successful practices related to: COVID-19 protection and awareness-

raising (36); virtual service delivery (29); wellness and health-care support (26); relief support (22); engaging with children (17); adapting services to meet children's diverse needs (10); and flexibility, creativity and commitment (7).

Among the COVID-19 prevention measures were the distribution of personal protective equipment (PPE); awareness-raising and education about hygiene practices and the risks of COVID-19 (sometimes referred to as "sensitising"); ensuring children's and caregivers' adherence to safety guidelines such as using face masks and hand sanitisers; and screening for COVID-19. Awareness-raising often took place online and via text messages and telephone calls:

> Being able to screen in the communities for covid 19. Advising families via SMS and calls on how to prevent themselves from contracting Covid 19 (Direct service provider, NGO, South Africa).

Using virtual platforms to communicate with children and families and deliver services remotely was the most commonly reported service innovation:

> The introduction of TELEvisit made my work easier since I would able to know how children are doing through telecommunication. (Service manager, NGO, Kenya).

Respondents also discussed providing relief support, as well as a range of wellness and health-care support such as food parcels, medication and dignity packs, in addition to counselling and recreational activities:

> Engaging children in various activities maintaining all precautions, supporting children for mental wellness, stress free activities, children engaged in creative activities like music, dance, planting trees [. . .] (Direct service provider, NGO, India).

Respondents also highlighted their increased support for specific groups such as students, girls, children on antiretroviral medication, single-parent households, homeless children and families and other children and families they described as most "vulnerable" or "needy".

Seventeen respondents shared they had made successful efforts to engage children and families by asking about their experiences, providing "moral" support and helping them "stay connected" by maintaining telephone communication with them and by "simply being there to talk to":

> I made them answer questions reflecting their own experiences regarding COVID-19 and their experiences during the quarantine period. (Direct service provider, private sector, Philippines)

Another 17 responses contained less specific accounts of adapting services to meet children's diverse needs and demonstrating flexibility, creativity and commitment:

> We have managed to show flexibility, creativity and adaptability in reaching children and their families to provide support while protecting our staff (Direct service provider, NGO, Greece).

Notably, three respondents indicated "nothing" or very little had gone well, for example:

> Nothing has gone well except few got mid day meals from school as ration. (Direct service provider, NGO, India)

Facilitative factors in sectoral responses. The chief contributors to the effective sectoral practices highlighted above can be categorised as collaboration, coordination and teamwork (33); strategic and adaptive behaviours and practices (31); adequate resources, particularly funding, technology and human resources (28); a needs-based approach (15); and staff commitment and dedication (11). Various forms and levels of collaboration, partnership and teamwork were reported as vital – including with coworkers, the management, governments, community volunteers, NGOs, children and families and other stakeholders:

> History and current status of workers in country. relationships with government and other NGO's own organisational vision and commitment. (Service manager, NGO, South Africa)

> Engagement with willing and able youths who assisted in the dissemination of information and donations that enabled acquiring of PPEs. (Direct service provider, NGO, Kenya)

A direct service provider working for an NGO in India, for instance, stressed the importance of involving children and community volunteers:

> The presence of children's collectives with a strong element of participation and the building of community volunteers by the organization.

Strategic and adaptive behaviours and practices encompassed adequate planning and training, risk management strategies and organisational leadership and vision:

> We developed and shared risk mitigation strategy as well as a covid-19 program advisory to our national offices in the region. (Service manager, NGO, Ethiopia)

Several respondents emphasised the role of commitment and dedication by both staff and the leadership:

> A commitment from all of us to stay in touch with the children we work with. (Direct service provider, NGO, Scotland)

Effective organisational and own practice responses

Respondents reiterated their successes in relief distribution (43), such as food parcels, PPE and hygiene supplies, in addition to creating awareness of COVID-19 risks (32). Several respondents also highlighted that the provision of such essential items not only satisfied children's basic needs but also served to protect them against violence and other forms of abuse.

Numerous examples were also offered of optimising the quality, range and reach of services and supports during the pandemic. Those include remote service delivery (19); the creation of online safety and well-being resources (12); education support (8); medical support (6); and mental health support and signposting (6). Examples of virtual programmes, resources and other services delivered during the pandemic include an online training programme for child and youth care workers (South Africa); virtual check-ins to monitor treatment adherence and share information about COVID-19 risks (South Africa); engaging young people in discussions and fun activities using virtual platforms (Scotland); safety and training videos (India); online webinars on mental health and online trafficking (India); and online justice administered for survivors of sexual harassment (Philippines). Several respondents also emphasised the importance of providing continuous practical, social, emotional and mental health support to parents and caregivers.

Notably, online communication and service delivery were not always feasible for supporting young people and families in deprived areas:

> [. . .] The young people we work with are from deprived areas and did not engage online. We went out on the streets. Sometimes door to door. We started an emergency hotline for those most at risk and we managed to support those that needed one to one help, due to being made homeless or issues with addictions. (Direct service provider, NGO, Scotland)

Facilitative factors in own practice and organisational responses

Respondents were also asked about what contributed to the aspects of their work that had gone well during the COVID-19 pandemic. Among the most common responses were funding, including donor support and fund-raising (14); collaboration within and across

sectors, including with international organisations (9); organisational support and leadership (7) and governmental support and coordination (6):

> A good national coordination that supported national guidelines. (Direct service provider, CSO, Sweden)

> [. . .] the leadership fully supports our mechanism in delivering justice online through budget and moral support. (Direct Service Provider, Government, Philippines)

Staff coordination and teamwork (7), as well as staff responsiveness, dedication and pride (12), were frequently reported as contributors to success. Staff empowerment was also mentioned by one respondent:

> Full empowerment of the staffs and community social workforce who are fully trained on COVID-19. (Direct service provider, NGO, Kenya)

Three respondents highlighted the importance of mobilising community resources such as community health volunteers, for example:

> Mobilizing our community leaders and staff as response team, clustering of areas, baselining of affected families and resource generation. (Direct service provider, CSO, Philippines)

> Our connectivity on the ground and relationships with the community. (Service manager, NGO, India)

Country-specific effective practices and facilitative factors

Respondents from sub-Saharan Africa (Kenya and South Africa) reported prioritising health care and other basic needs support to vulnerable households, including children living with HIV, girls and other vulnerable groups. The most distinctive responses from the Philippines concerned keeping children engaged, asking children about their thoughts and experiences throughout the pandemic and engaging in advocacy for children, including lobbying and other legislative advocacy.

In addition to lobbying and advocacy, the Indian respondents tended to discuss organising mental health support for children alongside creative and recreational activities, online safety and life skills training and developing relationships with communities.

Respondents from the Global North, particularly Scotland, the USA, Canada and Sweden, were more likely to report *positive* activities that emerged from the pandemic in relation to staff development, capacity-building and/or child rights – for example, deepening relationships with families (Scotland), increased information-sharing and collaboration, and improved communication skills (the USA) and increased public interest in, and awareness of, child issues and rights (Sweden).

Challenges to service provision and their impact on children and families (RQ2)

Respondents reported a wide range of challenges in supporting children's well-being during the pandemic. Those primarily related to the limited face-to-face contact with children and the movement restrictions (28); insufficient resources to meet demand (28); rising COVID-19 cases and the ensuing public health crises (11); school disruptions (8); and children's lack of connectivity (7).

Lockdowns and movement restrictions meant that many service providers had limited face-to-face contact with children, which was often compounded by some children's lack of access to Wi-Fi and mobile devices. Several respondents shared that this inhibited the quality of child contact and service provision and made it more difficult to detect cases of abuse:

> Access to beneficiaries has been difficult as we were on lockdown and we couldn't have full remote activities. So the detection of cases of abuse was harder. (Service manager, NGO, Lebanon)

> For the child participat[ion] activities, most of the sessions and meetings were conducted through social media platforms, as a result not all the children were able to get invited as they do not have access to the internet. (Direct service provider, NGO, Palestine)

Respondents offered details about the difficulties with not having a “real time”, “in-person” connection with the children, as well as with children not having the privacy to talk freely about their issues:

> No privacy for children to speak freely with their counsellor. (Direct service provider, government, Canada)

There were further concerns that the available resources were not sufficient to address children’s needs during the pandemic. The lack of resources was a frequently cited challenge, specifically inadequate funding, food parcels, medicines and PPE, as well as constrained service capacity. Those issues directly affected children’s access to essential services such as health care, education and social services, particularly in children considered the most vulnerable. The pandemic had also exacerbated pre-existing difficulties in accessing services:

> Lack of sufficient funds to help some suffering families during the hard times of covid 19. (Direct service provider, NGO, Kenya)

> The food parcels are not enough we still need more things to support them as we are living in a community of poverty. (Direct service provider, NGO, South Africa)

Concurrently, the rising COVID-19 cases and the ensuing movement restrictions, fear, misinformation and stigma created significant challenges to service delivery. Furthermore, school closures, coupled with some children’s lack of connectivity, had caused disruptions in children’s routines, school non-attendance, anxiety and stress and widened learning gaps for the most disadvantaged learners:

> The prolonged stay of children at home due to school closure posed the biggest challenge. (Direct service provider, NGO, Kenya)

> Then other challenge was disruption in their routine. schools disrupted and they were confused and anxious and scared. [. . .] (Service manager, NGO, South Africa)

> They become exhausted and stressed out with the online classes. (Direct service provider, NGO, Philippines)

Providers’ ability to support children’s well-being had been further hampered by families’ financial hardship, including unemployment, job loss and persisting poverty, mentioned by five respondents. Those socio-economic factors often led to the disruption of income generation activities for the families and the deepening of the inequities faced by families.

Staffing challenges were reported by seven respondents. Examples include staff sickness and burnout, compliance with safety measures and the unavailability of PPE. For instance, a service manager working for the government from the USA shared they had to “compete” with other agencies and government entities to receive sufficient amounts of PPE.

Other notable, albeit less frequently reported, challenges are the increased barriers to carrying out advocacy and activism and administering justice online:

> Third, this may be particular to our context and in countries all around the world, social movements are also challenged due to the shrinking civic spaces, sadly, socially and now even physically. Social protests are now difficult to mount and even when we express ourselves in social media, it may not also be safe. This time also endangers our lives as activists and the future of activism. (Direct service provider, CSO, Philippines)

> Transferring away from face to face advocacy. (Direct service provider, private sector, Scotland)

> The court's hearing are still conducted through video calls at the Israeli Jurisdiction system. (Direct service provider, NGO, Palestine)

Outcomes for children and service provision

Respondents detailed a wide range of *negative outcomes* of the aforementioned challenges for children's well-being and service provision. Those included reaching fewer children (8); restricted access to basic necessities (7); online abuse and gender-based violence (5); teenage pregnancies (4); and worsened health (2).

Notably, respondents also reported several *positive outcomes* emerging from the pandemic. Specifically, 12 responses highlighted various instances of service innovations, agility and creativity, such as online therapy (Israel), accelerated staff learning (South Africa), emergency planning (Palestine) and virtual and other remote communication with children and families (South Africa, Scotland and Philippines). Improved staff coordination and collaboration (4) were also highlighted.

Breaches of children's human rights

Respondents were asked whether they believed any of the challenges described in response to earlier questions were a breach of children's human rights. Fifty-two responses were received: 25 (48%) respondents answered "Yes"; 21 (40%) answered "No"; three (6%) answered "Don't know"; and three (6%) answered "Not applicable".

The free-text responses described violations of children's right to an adequate standard of living, particularly nutrition, housing and sanitation (Article 27; UN, 1989); right to health and health services (Article 24); right to protection from economic exploitation and hazardous work (Article 32); right to protection from all forms of violence and inhuman treatment and detention (Article 19 and Article 37); rights to parental guidance; family contact; privacy; and special protection (for example, Article 5, Article 10 and Article 20); right to play, leisure and recreation (Article 31); right to be heard (Article 12); and right to education (Article 28):

> Children went with nothing to eat. (Direct service provider, NGO, Kenya)

> India is facing huge number of cases of child sexual abuses, rapes and online child sexual exploitation. (Direct service provider, NGO, India)

> Children's right to be heard/child participation has always been difficult to uphold. (Policymaker, NGO, Philippines)

> The children were not consulted in any of the actions in schools, including closure and exams. (Direct service provider, private sector, Scotland)

In response to the question about the impact of the aforementioned challenges on children, respondents also reported child deaths (1), constrained service capacity and children's disengagement from services (8), teenage pregnancies (4), online abuse and gender-based violence (5), drug and alcohol abuse (1), delayed justice (1) and others.

Country-specific challenges

While the main challenges reported were largely shared across countries, some country-specific nuances can be distilled. Sub-Saharan African respondents, as well as those from India, tended to express stronger concern about the worsened socio-economic conditions for children living in poor and rural areas, in addition to rising food insecurity and the loss of livelihoods. The respondents from the Philippines, on the other hand, shared concerns

about the misinformation about COVID-19, the downsizing of NGO activity, and the rising barriers to activism due to shrinking civil spaces. Some of the challenges frequently reported by the Global North countries related to the inability to continue with face-to-face advocacy; and gathering children's independent views and their lack of privacy.

Lessons learned and recommended actions for improving outcomes for children (RQ3)

Respondents offered a range of examples of actions that, in retrospect, they wished had been implemented to achieve better outcomes for children during the pandemic. Sixteen respondents indicated they wished services had been more comprehensive and had a greater reach. This would have ensured that the various needs of those served – such as children with HIV and adolescent girls – were better addressed:

> If the caregiver all had phones, our organisation would have called all of them more regularly. If funds were available all vulnerable OVC [orphans and vulnerable children] should have been considered with service and not only the vulnerable Households who have children living with HIV/AIDS. (Service manager, NGO, Kenya)

Other examples of better service responses that should have been implemented include: providing better medication management support for children living with HIV (Kenya); more proactive mentorship and support of girls to prevent unwanted pregnancies (Kenya); starting community-based support sooner (Scotland); providing more mental health support (USA); and creating a phone list for contacting children in communities earlier (India).

Eight respondents highlighted the need for more effective emergency response work – for example, providing financial aid and food delivery programmes (Kenya), supporting households with startup kits (Kenya), setting up a mobile health clinic to distribute free medications in poor communities (Philippines) and empowering communities to produce essential items such as masks and sanitisers locally (Kenya). Other common responses were ensuring better COVID-19 awareness and protection (7); and using technology sooner (6).

Commonly shared lessons learned also related to better stakeholder involvement and collaboration (six responses), involving children in service design and delivery (four responses) and more education support and advocacy (three responses):

> Stakeholders involvement in policies formulation. (Direct service provider, NGO, Kenya)

> To include the children and their inputs and insights in all activities related to children, from conception, execution and assessment. (Direct service provider, NGO, Philippines)

Country-specific findings about what respondents would have done differently include more proactive mentorship of girls; provision of mobile phones; and ensuring vulnerable children were represented in court (Kenya); more resources allocated to community outreach (South Africa); understanding the needs of all children, including children with disabilities and migrant children; online referral mechanisms for children suffering abuse; consultations with children (the Philippines); and offering community-based support sooner (Scotland).

The most commonly recommended actions for improving outcomes for children were (see Table 2):

- Improved collaboration and coordination among different partners and stakeholders (13) – including coordinated action planning, particularly between government and third-sector organisations; information sharing during transition points in care; networking with government agencies to address emerging issues with children; and more community-based support;

- More funding and emergency support (11) – including cash transfers, better resource allocation for programmes related to children, and more resources directed to rural areas;
- More effective mechanisms for child protection assessment and responses (7) – including a more responsive and child-centred judicial system; and lobbying and sensitisation about child protection issues;
- Better COVID-19 protection and awareness (5);
- Consulting children and involving them in decision-making (5);
- Support for parents, including parental skills training (5); and
- Greater use of technology in services (2).

Some of the country-specific priority actions highlighted were parenting skills training (South Africa; Kenya); mobile health clinic, massive information campaigns, faster administration of online justice and improved skills in humanitarian work (Philippines); and greater knowledge of digital platforms (Scotland).

Discussion

This multinational study filled a gap in the understanding of how service providers and policymakers from a range of high- and low- and middle-income countries had responded to COVID-19 in the last quarter of 2020. With its multi-sectoral scope, this study offers a holistic assessment of organisational and policy responses, particularly in sectors facing the most severe operational constraints. As resilience has been conceptualised as "dynamic, changing as circumstances and systems change as a result of many interactions within and between systems" (Masten and Motti-Stefanidi, 2020, p. 99; Theron and van Breda, 2021), the present findings illuminate various drivers and disruptors of children's resilience, which can inform future disaster preparedness (Haffejee and Levine, 2020).

Consistent with other multinational studies, the current study found that virus containment measures had fuelled health and socio-economic disparities, with vulnerable children being exposed to an even higher risk of violence, food insecurity and unattended health-care needs (Wilke *et al.*, 2020). Furthermore, it evidenced the increased constraints on NGO service delivery as a result of insufficient funding, the transition to online delivery and the delays in responding to children's urgent needs.

Despite some positive examples of children's involvement and empowerment, the present study also found that, in many cases, the shift to remote working, the lack of safe spaces for children and the inequities in access to digital technologies had contributed to the entrenchment of children's invisibility – further diminishing their agency and breaching their human rights. Those findings echo findings from large-scale surveys with children regarding their (lack of) involvement in decision-making during the pandemic (Lundy *et al.*, 2021). Our findings thus call for future research to evaluate child and youth engagement strategies that leverage both existing networks and resources and creative platforms, such as digital technologies, across geographical settings (Duramy and Gal, 2020).

The current findings about the centrality of organisational agility and community involvement and the need for improved stakeholder collaboration cohere with Masten and Motti-Stefanidi's (2020) multi-system resilience perspective, whereby children's capacity to respond adaptively to adversity is contingent upon the interconnected influence of supportive organisations, communities, peers and families. Those dispersed and relational aspects of resilience, and particularly its fragility during emergencies, are acutely evident upon dissecting the successes and failures in, and lessons learned from, intersectoral collaboration (Kothari *et al.*, 2022; Gilson *et al.*, 2017). While the present study highlights its centrality and dynamics, future research should more systematically examine the

mechanisms underpinning intersectoral and interagency collaboration and their impact on organisational and individual resilience (Jewett *et al.*, 2021; Kothari *et al.*, 2022; Ortenzi *et al.*, 2022). As Gilson and colleagues (2017, p. 2) argue, "[r]esilience is not a function of what a system has but of what it does and how it does it".

The ability to anticipate future system shocks is a central tenet of resilience (Masten and Motti-Stefanidi, 2020). Accordingly, the present findings offer directions for recovery and future emergency preparedness, particularly in relation to workforce strengthening and tackling inequities. Workforce development – a vital facet of capacity-building – emerged as an important priority area for government and organisational leaders, in consonance with other recent studies (Herrenkohl *et al.*, 2021; Russ *et al.*, 2020). Amidst the rising demands for continuous and flexible service provision, many of our respondents indicated the need for various types of support – including practical, knowledge-based and socio-emotional and moral support from the leadership. Increased efforts are, therefore, warranted to promote staff competencies and resilience using a relational and reflective framework, whereby resilience is viewed as an emergent property of enabling organisational practices and values, supportive relationships and sustained reflective engagement (Russ *et al.*, 2020; Masten and Motti-Stefanidi, 2020). For instance, innovations in health workforce support focusing on collaborative learning and emotional well-being in settings such as South Africa have shown promise for promoting resilience, empowerment and empathy at a system level (Engelbrecht *et al.*, 2021). From a multi-system resilience perspective, boosting organisational resilience is an investment in communities', families' and children's resilience (Theron and van Breda, 2021).

Noteworthy are also the present findings of positive outcomes of COVID-19 for organisations in relation to creativity, information-sharing, skills-building and community relationships, echoing other recent research on child welfare workforces (Kothari *et al.*, 2022). Consistent with a resilience perspective in demonstrating the transformational impact of the pandemic on organisations (Pradhan *et al.*, 2021), our findings cohere with Bourgeault *et al.*'s (2020) assertion that the COVID-19 pandemic can accelerate the upskilling and diversification of the health workforce and, as we demonstrate, the the non-health and allied workforces (child and youth care, education, social service and advocacy). In anticipation of future shocks, resilience-enabling organisations will be collaborative, adaptable, creative, flexible and dedicated (Barasa *et al.*, 2018). Those criteria can inform pandemic-proof leadership practices, including workforce recruitment, training and supervision, that encourage creative problem-solving, nurture staff well-being and networking, and respond constructively to failure (Barasa *et al.*, 2018).

Our findings of the unequal access to essential supplies, income and digital technology and its impact on children's service engagement, safety and access to justice, underscore the criticality of an equity-focused COVID-19 response strategy, particularly in low- and middle-income countries (Shadmi *et al.*, 2020). The present study emphasises the need for increasing service capacity, enhancing cross-sectoral liaison and allocating adequate resources to fund emergency social protection schemes such as cash transfers to support a sustainable and needs-led social protection response to COVID-19, both in the short- and long-term (Ramaswamy and Seshadri, 2020). Working to close the gap in digital access is another priority area for future planning to ensure children can make the best use of digitally-driven education, justice and safeguarding initiatives (Bakibinga-Gaswaga *et al.*, 2020). Furthermore, it is crucial to enhance service capacity for supporting not only the historically underserved groups such as poor children, children living in remote areas, refugees, children living with HIV and girls but also those at risk of poverty and abuse due to caregiver loss, unemployment and immigration (Caldwell *et al.*, 2020; Haffejee and Levine, 2020; Fouché *et al.*, 2020; Tirivayi *et al.*, 2020). This can be achieved by needs-led and gender-responsive financing, as well as by national leadership and coordination (Tirivayi *et al.*, 2020). Such anticipatory and preventative responses also require reinforcing and

widening community-based structures that facilitate risk identification and referrals, together with de-escalation via education and advocacy (Herrenkohl *et al.*, 2021; Caperon *et al.*, 2021).

The shrinking civic spaces during the pandemic, in the context of the wider barriers to NGO and CSO activity and government co-operation, as highlighted by a few respondents, had constrained community mobilisation efforts. This demonstrates the need to strengthen the capacity of NGOs and CSOs to support children's well-being, particularly in disadvantaged communities – for instance, through technical assistance, formal recognition (e.g. as essential workers), non-specialist workforce development, relationship-building with governmental (e.g. the education sector) and non-governmental organisations and community mobilisation (Sayarifard *et al.*, 2022; Kövér, 2021). The present findings testify to the valuable yet constrained – undervalued and underfunded – role of NGOs in addressing those gaps in different settings. It is, therefore, incumbent on governments to self-assess gaps in emergency measures and optimise collaborations with stakeholders on the ground to bridge those (Wilke *et al.*, 2020).

Study limitations

The numbers of respondents are modest, especially those from countries other than Kenya, the Philippines, South Africa and Scotland, and not representative of all main regions within those countries. Therefore, the findings may not be transferable to the experiences and challenges faced across those countries or sectors. In addition, the sample is predominantly made up of NGOs and direct service providers, with relatively few government and private sector representatives. The cross-country variation in themes may be partially attributable to differences in organisational profiles between countries; for example, the Kenyan respondents were predominantly from service delivery organisations, whereas those from the Philippines were from more advocacy-oriented organisations. Relatedly, most of the included countries vary substantially in their politico-economic and socio-cultural contexts, hindering comparability.

Furthermore, the survey was only available in English, and cultural and linguistic differences may have accounted for the observed differences in question interpretation – affecting data quality. Moreover, we are aware some respondents had difficulties engaging with the app due to workload pressures and technical issues, which likely affected their response rates and detail. Relatedly, the smartphone survey format constrained the length and informativeness of responses, while the anonymous nature of the study precluded the possibility of following up with respondents (Hensen *et al.*, 2021).

Finally, while enhancing the flexibility and authenticity of the analysis, the inductive approach to data analysis possibly constrained opportunities for theory testing and development (Graneheim *et al.*, 2017).

Conclusion

Despite those limitations, the smartphone app survey proved an efficient, cost-effective and acceptable approach to collecting rich, anonymous and time-sensitive insights from child well-being professionals across the globe. Offering a unique international and multi-sectoral perspective, this study hopes to inform collective efforts to ensure a just and sustainable post-pandemic recovery in which no child is left behind.

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Appendix

Table A1 Categories and the corresponding sub-categories and response numbers

Category (total number of responses)	*Sub-categories*	*Number of responses**	*Sub-categories*	*Number of responses*
Effective sectoral responses (183)	COVID-19 protection and awareness-raising	36	Flexibility, creativity and commitment	7
	Virtual service delivery	29	Schooling support	6
	Wellness and health-care support	26	Community involvement	6
	Relief support	22	Communication with caregivers	4
	Engaging with children	17	Advocacy	4
	Adapting services to meet children's diverse needs	10	Collaboration	4
			Other (less common and non-specific responses or unable to code): cash transfers; drafting policies to protect children etc.	32
Facilitative factors in sectoral responses (180)	Collaboration, coordination and teamwork	33	Communication with team, partners and families	7
	Strategic and adaptive behaviours and practices (including leadership)	31	Community awareness of COVID-19 risks and child protection issues	7
	Adequate resources (including funding, technology and human resources)	28	Child participation	3
	A needs-based approach	15	Other (less common and non-specific responses or unable to code): openness to innovation; advocacy; children being out of school etc.	47
	Staff commitment and dedication	11		
Effective organisational and own practice responses (111)	Relief distribution (e.g. COVID-19 protection supplies mainly; also dignity packs, foods and others)	43	Medical support	6
	Awareness-raising (about COVID-19, child safety and protection from violence)	32	Mental health support and signposting	6
	Remote service delivery (including staff training)	19	Learning about more effective service delivery	4
	Creation of online safety and support resources and remote or distanced engagement of children	12	Consulting with children	3
	Advocacy (about gender-based violence, food security, the needs of vulnerable children)	11	Collaboration	3
	Education support	8	Other (less common and non-specific responses or unable to code): better record-keeping; issuing a policy on COVID-19 funding; income generation support for families; non-specific needs-based responses	22

(*continued*)

Table A1

Category (total number of responses)	Sub-categories	Number of responses*	Sub-categories	Number of responses
Facilitative factors in own practice and organisational responses (111)	Funding (including donor support and fund-raising)	14	Government support and coordination	6
	Staff responsiveness and dedication	12	Provision of food and PPE	6
	Collaboration within and across sectors, including international organisations	9	Understanding and prioritising children's needs	5
	Organisational support and leadership	7	Mobilising community leaders and volunteers	3
	Staff coordination and teamwork	7	Other (less common and non-specific responses or unable to code): virtual advocacy; using an evidence-based approach; protection and security; research; using virtual platforms to connect with families)	43
Challenges to service provision (78)	Limited face-to-face contact with children and movement restrictions	28	Staffing challenges (including coordination, provider well-being, training and sickness)	7
	Insufficient resources to meet demand (including insufficient funding, access to food, medicines and PPE and constrained service capacity)	28	Children's lack of privacy to discuss their concerns	3
	Rising COVID-19 cases; fear of COVID-19; communicating the risk of COVID-19	11	Barriers to advocacy and activism	2
	School disruptions	8	Ineffective priority-setting	2
	Children's lack of connectivity	7	Increased cases of human rights violations against children	2
	Families' financial hardship (including unemployment, job loss and poverty)	5	Other (less common and non-specific responses or unable to code): upholding children's rights; misinformation; coordination; insufficient government support; administering justice online; difficulties engaging with children with additional needs	18
Outcomes for children and service provision (72)	*Negative outcomes*		*Positive outcomes*	
	Reaching fewer children	8	Service innovations, creativity and agile responses	12
	Restricted access to basic necessities (food and health care)	7	Protecting children against COVID-19	7
	Online abuse and gender-based violence	5	Staff coordination and collaboration	4
	Teenage pregnancies	4	Involving children	2
	Worsened health	2	Supporting parents	1

(*continued*)

Table A1				
Category (total number of responses)	*Sub-categories*	*Number of responses**	*Sub-categories*	*Number of responses*
	School drop-outs	2		
	Drug and alcohol abuse; withdrawal of funding; child deaths; delayed justice	1; 1; 1; 1		
	Other (less common and non-specific responses or unable to code): uncertainty about the long-term impact; “no tangible outcomes”; “fear and confusion”	26		
Breaches of children’s human rights (45)	Right to basic necessities (food, shelter, sanitation)	6	Online abuse and exploitation	2
	Right to be heard	5	Right to safety and protection from violence	2
	Gender-based violence	4	Right to health care	2
	Right to play and recreation	3	Right to family contact	2
	Emotional and physical abuse	2	None or not applicable	5
			Other (less common and non-specific responses or unable to code): freedom of movement; education; mental health	18
Lessons learned (65)	Greater reach and comprehensiveness of services (including health-care support, mentorship and attending to the needs of children in vulnerable situations)	16	Stakeholder involvement and collaboration	6
	More effective emergency response work (including basic needs support and financial support and empowerment)	8	Involving children	4
	COVID-19 awareness and protection	7	Education support and advocacy	3
	Using technology sooner	6	Other (less common and non-specific responses or unable to code): opening offices sooner; “nothing”; youth-friendly camps; delivering online justice faster	18
Recommended actions (65)	Improved collaboration and coordination among different partners and stakeholders (particularly coordination between government and third-sector organisations)	13	Support for parents, including parental skills training	5
	More funding and emergency support	11	More knowledge and use of technology in services	2
	Better mechanisms for child protection assessment and response	7	Lobbying and sensitisation on child protection issues	2
	COVID-19 protection and awareness	5	Engaging children in activities	2

(*continued*)

Table A1

Category (total number of responses)	*Sub-categories*	*Number of responses**	*Sub-categories*	*Number of responses*
	Consulting children and involving them in decision-making	5	Other (less common and non-specific responses or unable to code): digital education; counselling; keeping schools open; community-based support; PPE for staff; understanding the needs of children in vulnerable situations; reaching out to all families; planning; providing quality services	24

Notes: *The number of responses may add up to more than the stated total number of responses to the individual question as a single response may contain more than one category

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